

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH										-62-001653	
DEPARTMENT OF PUBLIC HEALTH AND WELFARE										STATE FILE NUMBER	
Registration District No. <u>149</u> Primary Registration District No. <u>1002</u> Registrar's No. <u>510</u>											
AMENDED											
FILED FEB 13 1962											
1. PLACE OF DEATH						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
a. COUNTY <u>Jackson</u>						a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>						c. CITY OR TOWN <u>Kansas City</u>					
Length of stay in 1b <u>67yrs</u>						Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.A. General Hospital</u>						d. STREET ADDRESS (If outside, give location) <u>405 W. 12th</u>					
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED						4. DATE OF DEATH					
First Middle Last <u>Anton Fischer</u>						Month Day Year <u>1 - 27 - 1962</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1-17-1895</u>		9. AGE (last birthday) <u>67</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mill Hand</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wood working Co.</u>		11. BIRTHPLACE (City and state or country) <u>Kansas City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Joseph Fischer</u>				13b. MOTHER'S MAIDEN NAME <u>Mary M. Fedderman</u>				14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>Yes WWI</u>				16. SOCIAL SECURITY NO. <u>[redacted]</u>				17. INFORMANT Address <u>A Mrs. Frank J. Hauber 4215 Mercier</u>			
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>											
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)							
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ Month, Day, Year _____											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION				COUNTY		STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <u>Ruth H. Owens</u>						22b. ADDRESS <u>152 Union Station</u>			22c. DATE SIGNED <u>1-29-62</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-30-1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>		23d. LOCATION (City, town, or county) <u>Kansas City, Missouri</u>					
24. FUNERAL DIRECTOR <u>Melody-McGilley-Eylar</u>				ADDRESS <u>20 W. Linwood</u>		25. DATE RECD. BY LOCAL REG. <u>1-29-62</u>		26. REGISTRAR'S SIGNATURE <u>Ruth H. Long</u>			
				K.C. 11, Mo.							
(Licensed Embalmer's Statement on Reverse Side)											

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

HUGH H. OWENS MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Forrest D. Goldenow

Licensed Embalmer No. 4714

P. O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.